

IN THE DISTRICT COURT OF THE UNITED STATES
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

LARRY CARL DIXON, #138238,

Plaintiff

v.

WILLIE THOMAS, et al.,

Defendants.

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:
:
:
:
:
:
:
:
:

Civil Action No. 2:06-CV-164-WKW

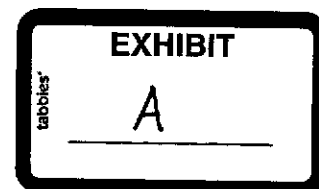
AFFIDAVIT

Before me, the undersigned authority, a Notary Public in and for the State of Alabama at Large, personally appeared Willie J. Thomas, who being known to me and being by me first duly sworn, deposes and says:

My name is Willie J. Thomas. I am currently employed with the Alabama Department of Corrections as a Warden III at Elmore Correctional Facility in Elmore, Alabama. I am over twenty-one (21) years of age.

I do not deny that inmate Larry Carl Dixon injured his left finger on August 3, 2005. I do deny that my staff and I have shown callous disregard and deliberate indifference for the safety of the inmates in our custody.

Incident Report Number ECC 05-983 shows that my staff took immediate action to get inmate Dixon medical attention after inmate Dixon reported the incident. Special Needs Communication Forms dated August 12, 2005, August 25, 2005, October 18, 2005 and December 30, 2005 show that my staff ensured inmate Dixon got medical treatment for his finger. I have instructed my staff to follow the instructions the medical personnel issue on inmates' medical treatment. Copies of these documents are attached.



I certify Incident Report Number ECC 05-983 and the four Special Needs Communication Forms dated between August 12, 2005 and December 30, 2005 to be true and correct copies of documents on file in inmate Dixon's institutional file as of the date of this affidavit. Inmate Dixon's institutional file is maintained in an office I supervise at Elmore Correctional Facility.

I was not aware the windows in the dorms at Elmore Correctional Facility were in such disrepair at the time this incident took place. It was policy at the time this incident took place that inmates are not to raise, lower, or adjust any of the windows at any time. That policy remains in effect to this day.

I deny each and every allegation inmate Dixon made against me in his complaint. I also deny that I have violated any of inmate Dixon's constitutional rights.



WILLIE J. THOMAS

STATE OF ALABAMA:

COUNTY OF ELMORE:

Sworn to and subscribed before me and given under my hand and official seal on this the

20th day of March, 2006.



NOTARY PUBLIC

My Commission expires February 3, 2007

STATE OF ALABAMA
DEPARTMENT OF CORRECTIONS*JAM*

INCIDENT REPORT

| | | | | | |
|--|--|-----------------------------|--|--|-------------|
| 1. Institution: ELMORE CORRECTIONAL CENTER | | 2. Date: 08/03/05 | 3. Time: 8:23 p.m. | 4. Incident Number: ECC 05-983 | Class Code: |
| 5. Location Where Incident Occurred: C dorm | | | 6. Type of Incident: Alleged Inmate Injury | | |
| 7. Time Incident Reported: 8:25 p.m. | | | 8. Who Received Report: Lt. Robert Rogers | | |
| 9. Victims: | | | | | |
| a. <u>N/A</u> | | Name | | AIS | |
| b. _____ | | No. | | _____ | |
| c. _____ | | No. | | _____ | |
| d. _____ | | No. | | _____ | |
| 10. Suspects: | | | | | |
| a. <u>Dixon, Larry</u> | | Name | | AIS | |
| b. _____ | | No. | | _____ | |
| c. _____ | | No. | | _____ | |
| d. _____ | | No. | | _____ | |
| e. _____ | | No. | | _____ | |
| 11. Witnesses: | | | | | |
| a. <u>N/A</u> | | Name | | AIS | |
| b. _____ | | No. | | _____ | |
| c. _____ | | No. | | _____ | |
| d. _____ | | No. | | _____ | |
| e. _____ | | No. | | _____ | |
| f. _____ | | No. | | _____ | |
| g. _____ | | No. | | _____ | |
| PHYSICAL EVIDENCE: | | | | | |
| 12. Type of Evidence | | | | | |
| <u>N/A</u> | | | | | |
| 13. Description of Evidence: | | | | | |
| <u>N/A</u> | | | | | |
| 14. Chain of Evidence: | | | | | |
| a. <u>N/A</u> | | | | | |
| b. _____ | | | | | |
| c. _____ | | | | | |
| d. _____ | | | | | |
| e. _____ | | | | | |
| Narrative Summary: On 08/03/05, at approximately 8:23 p.m., inmate Dixon, Larry W/138238, approached Sgt. Arthur Horton who was making a security check of the weight pile and informed him that he (inmate Dixon) had chopped off the tip of his Left index finger. Another inmate was with inmate Dixon holding the severed part of the finger. At this point Sgt. Horton escorted both inmates to the shift office. At approximately 8:28 p.m., Sgt. Horton notified Nurse Ball at the Staton Health Care Unit and informed her of the incident. At approximately 8:30 p.m., inmate Dixon was transported to the SHCU by Officer William Bryant. At approximately 8:33 p.m., Lt. Robert Rogers was notified. Lt. Rogers placed a telephone call to Captain John Matthews and informed him of the incident. Inmate Dixon stated to Sgt. Horton that he was trying to put the window up and it came down on his hand, the incident took place in C1 dorm near bed #13. At approximately 9:10 p.m., Officers David Edelen and Jamie LaFogg transported inmate Dixon to Baptist South Hospital by ADOC van. | | | | | |

continued on 302 - B

Distribution: ORIGINAL AND ONE (1) COPY to Central I & I Division
COPY to Institutional FileCOPY to Deputy Commissioner of Operations (Class A and B ONLY)
COPY to Central Records Office

ADOC Form 302-A - June 1, 2005

8/8/05

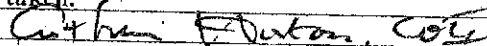
STATE OF ALABAMA
DEPARTMENT OF CORRECTIONSINCIDENT REPORT/DUTY OFFICER REPORT
CONTINUATION

| | | |
|--|---------------------------------|-------------|
| Institution: Elmore Correctional Center | Incident Number: ECC 05-1011 | Class Code: |
|--|---------------------------------|-------------|

| | |
|-------------------|---|
| Date: 08/03/05 | Type of Incident: Alleged Inmate Injury |
|-------------------|---|

Narrative Summary (Continued) Page No.

At approximately 9:37 p.m., Officer LaFogg notified Elmore that he and Officer Edelen had arrived at Baptist South Hospital Emergency Room with inmate Dixon. At approximately 11:10 p.m., Officer LaFogg informed Sgt. Charles Bromley that per the Emergency Room doctors, inmate Dixon would not be admitted. Officer LaFogg stated that the doctors were going to trim the bone on inmate Dixon's finger, sew up the open wound and then release inmate Dixon. At approximately 1:40 a.m., Officers LaFogg and Edelen contacted Elmore via radio and advised Sgt. Bromley that they were enroute to the SHCU with inmate Dixon. At approximately 2:13 a.m., Officers Edelen and LaFogg arrived at the SHCU with inmate Dixon. Inmate Dixon was admitted into Staton MOU until he could be examined by the Health Care Unit doctor. At approximately 2:25 a.m., Officers Edelen and LaFogg returned to Elmore CC. Inmate Dixon was placed on Elmore CC's outgate count. (see attached body chart). No further action taken.


 Arthur Horton, COII

Alabama Department of Corrections

Duty Officer Report

ECC05-983

Class Code _____

Type of Incident: Alleged Inmate Injury Institution: Elmore CCVictim(s): Dixon, Larry AIS# 138238 R/S B/M DOB 12/13/64Suspects(s): N/A AIS# _____ R/S _____ DOB _____

AIS# _____ R/S _____ DOB _____

AIS# _____ R/S _____ DOB _____

AIS# _____ R/S _____ DOB _____

Sentenced From: Mobile Date of Sentence: 01/07/88Offense(s): FUCC X III Length of Sentence: 20 Years Total
TOP IIMinimum Release Date: 06/24/2013Date: 8/03/05 Time: 8:23 pm Location: C1 Dorm near bunk #13

Brief Narrative:

On the above date and time Inmate Dixon report to Sgt. Arthur Horton that he (inmate Dixon) was trying to put the window up when it fell on his left index finger severing the tip. Inmate Dixon was transported to the Staton Health Care Unit and then on to Baptist South Hospital by ADOC van. The bone on inmate Dixon's finger was trimmed, the skin was pulled over the bone and then stitched up. Inmate Dixon will be housed at Staton CC MOU until he is released back to Elmore CC by the MOU doctor.

(Use ADOC Form 302-B for Continuation of narrative)

Official Reporting: Lt. Robert Rogers Date: 8/03/05 Time: 8:33 p.m.Receiver of Report: Rob Campton 353-8922

Deputy Comm. of Operations: _____ Date: _____ Time: _____

Inst. Coordinator: _____ Date: _____ Time: _____

Investigations: _____ Date: _____ Time: _____

Public Information Officer: _____ Date: _____ Time: _____

ECC05.983

MESSAGE CONFIRMATION

AUG-05-2005 05:18PM FRI

FAX NUMBER 394 567 1804
NAME ELMORE CORRECTIONAL

NAME/NUMBER : 3538922
 PAGE : 001
 START TIME : AUG-05-2005 05:17PM FRI
 ELAPSED TIME : 00'32"
 MODE : G3 STD
 RESULTS : [O.K]

Alabama Department of Corrections
Duty Officer Report

Type of Incident: Alleged Inmate Injury Class Code _____
 Institution: Elmore CC
 Victim(s): Dixon, Larry AIS# 138238 R/S B/M DOB 12/13/64
 Suspects(s): N/A AIS# _____ R/S _____ DOB _____
 Sentenced From: Mobile Date of Sentence: 01/07/88
 Offense(s): RUCXIII Length of Sentence: 20 Years Total
TOP II
 Minimum Release Date: 06/24/2013
 Date: 8/03/05 Time: 8:23 pm Location: C1 Dorm near bunk #13

Brief Narrative:

On the above date and time Inmate Dixon report to Sgt. Arthur Horton that he (inmate Dixon) was trying to put the window up when it fell on his left index finger severing the tip. Inmate Dixon was transported to the Station Health Care Unit and then on to Baptist South Hospital by ADOC van. The time on inmate Dixon's finger was trimmed, the skin was pulled over the bone and then stitched up. Inmate Dixon will be housed at Station CC MOU until he is released back to Elmore CC by the MOU doctor.

(Use ADOC Form 302-B for Continuation of narrative)

Official Reporting: Lt. Robert Rogers Date: 8/03/05 Time: 8:33 p.m.
 Receiver of Report: Rob Campbell 3538922
 Deputy Comm. of Operations: _____ Date: _____ Time: _____
 Inst. Coordinator: _____ Date: _____ Time: _____
 Investigations: _____ Date: _____ Time: _____
 Public Information Officer: _____ Date: _____ Time: _____

ADOC Form 302-C - June 1, 2005

ECC05-983

MESSAGE CONFIRMATION

AUG-05-2005 05:20PM FRI

NAME/NUMBER
PAGE
START TIME
ELAPSED TIME
MODE
RESULTS

3583967
001
AUG-05-2005 05:19PM FRI
00'30"
G3 STD
[O.K.]

FAX NUMBER: 334 567 1804
NAME: ELMORE CORRECTIONAL

Alabama Department of Corrections
Duty Officer Report

Class Code _____

Type of Incident: Alleged Inmate Injury Institution: Elmore CC

Victim(s): Dixon, Larry AIS# 138238 R/S B/M DOB 12/13/64

Offense(s): FUCC XIII Length of Sentence: 30 Years Total

Sentenced From: Mobile Date of Sentence: 01/07/88

Minimum Release Date: 06/24/2013

Date: 8/03/05 Time: 8:23 am Location: C1 Dorm near bunk #13

Brief Narrative:

On the above date and time Inmate Dixon report to Sgt. Arthur Harton that he (inmate Dixon) was trying to put the window up when it fell on his left index finger severing the tip. Inmate Dixon was transported to the Station Health Care Unit and then on to Baptist South Hospital by ADOC van. The bone on inmate Dixon's finger was trimmed, the skin was pulled over the bone and then stitched up. Inmate Dixon will be housed at Station CC MOU until he is released back to Elmore CC by the MOU doctor.

(Use ADOC Form 302-B for Continuation of narrative)

Official Reporting: Lt. Robert Rogers Date: 8/03/05 Time: 8:33 p.m.

Receiver of Report: Bob Campbell 3583967

Deputy Comm. of Operations: _____ Date: _____ Time: _____

Inv. Coordinator: _____ Date: _____ Time: _____

Investigations: _____ Date: _____ Time: _____

Public Information Officer: _____ Date: _____ Time: _____

ADOC Form 302-C - June 1, 2005



ECC05-983

EMERGENCY

| | | | | | | |
|---|--|------------------|--|--|--|--|
| ADMISSION DATE 8/3/05 | | TIME AM PM | ORIGINATING FACILITY Elmwood <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/> | | <input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT | |
| ALLERGIES NKDA | | | CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | | |
| VITAL SIGNS: TEMP 99.4 | | ORAL RECTAL | RESP. 20 | PULSE 95 | B/P 144/84 | RECHECK IF SYSTOLIC <100> 50 |
| NATURE OF INJURY OR ILLNESS S- A window came down and cut @ index tip of finger cut off. | | | | ABRASION /// | CONTUSION # | BURN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | | | FRACTURE <input type="checkbox"/> <input type="checkbox"/> | LACERATION / SUTURES | |
| PHYSICAL EXAMINATION O- Tip missing @ index sm amt bleeding wiped w/ dry pressure dressing applied. A- Alteration in comfort P- Refer to Hcp | | | | PROFILE RIGHT OR LEFT | | |
| | | | | RIGHT OR LEFT | | |
| DIAGNOSIS | | | | ORDERS / MEDICATIONS / IV FLUIDS | | |
| | | | | TIME | | |
| | | | | BY | | |
| | | | | | | |
| | | | | | | |
| INSTRUCTIONS TO PATIENT | | | | | | |
| DISCHARGE DATE 8/3/05 | | TIME AM PM | RELEASE / TRANSFERRED TO | | <input type="checkbox"/> DOC <input checked="" type="checkbox"/> AMBULANCE <input type="checkbox"/> | |
| NURSE'S SIGNATURE C. Lewis-Wu | | DATE | PHYSICIAN'S SIGNATURE | | DATE | CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL CONSULTATION |
| INMATE NAME (LAST, FIRST, MIDDLE) Dixon, Larry | | | DOC# 138238 | DOB 10/31/57 | R/S | FAC. Elmwood |



SPECIAL NEEDS COMMUNICATION FORM

Date: 8/12/05

To: Elmanc

From: SHCU

Inmate Name: Larry Dixon ID#: _____

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

Q TO HCU every 2 days to change dressing
starting Sunday

Date: 8/12/05 MD Signature: J. Prosser Time: 2:00



PRISON
HEALTH
SERVICES
INCORPORATED

SPECIAL NEEDS COMMUNICATION FORM

Dixon
Larry

Date: 8/25/05

To: Elmore

From: S Hce

Inmate Name: Dixon, Larry ID#: 138238

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

① WORK stop up x 30 days

② Dressing change by nursing staff
every three days 8/26/05

Status: Accidental amputation of finger tip to
thumb

Date: 8/25/05 MD Signature: J. B. [Signature] Time: 8:00 A



SPECIAL NEEDS COMMUNICATION FORM

Date: 10/18/05

To: \$ Elmore

From: Slaton HCU

Inmate Name: Dixon, Larry ID#: 138238

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

NO use of (L) hand x 30(d)

Date: 10/18/05 MD Signature: L. Lassiter, CRNP / G. [unclear] Time: 0400



SPECIAL NEEDS COMMUNICATION FORM

Date: 12/30/05To: ElmoreFrom: ShoreInmate Name: Dufon Larry ID#: 138238

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

NO Use of (L) hand x 60 days
12/31/05 - 1/31/06

Date: 12/30/05 MD Signature: Dr. Peasant / L. Miller Time: 1630